Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis 735 327 21 P 3:52

District Court No	05-11670 GAO	DISTRICT
Appeal No.		

Josephine M Carroll James J. Carroll III crals, James J. Carrolly Jr.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 48 U.S.C. § 1621.)

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your

case's docket number, and the question number.

Date: September 27, 2006.

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source Average monthly amount during Amount expected next month the past 12 months **Employment** Self-employment Income from real property (such as rental income) **s** 0 Interest and dividends

Income source	Average monthly the past 22 month	amount during is & wonth	Amount expected	1ed before that
Gifts	You \$	Spouse \$_N/A_	You \$ Same	Spouse \$
Alimony	s	s_ N/A	S_N/A	s_ N/A
Child support	<u>so</u>	sN/A	s_ \\//t	s\/A
Retirement (such as social security, pensions, annuities insurance	, s	s	s <i>NA</i>	s_ <i>N/A</i> _
Disability (such as social security, insurance payment	s)	s N/A	s <u>N//</u>	sN/A
Unemployment payments	<u>\$</u>	s NA	s N/H	s_ ///_
Public-assistance (such as welfare)	sO	\$ <u>N/A</u>	s <u>\v/</u> \/_	s_N/A
Other (specify):	<u>\$</u>	s_N/A	s NIT	s_ <i>N//</i> +
Total Monthly income:	s 1716	s_N/K_	s_N/A	s_N/A
2. List your employment his other deductions)	story, most recent e	mployer first. (Gros	ss monthly pay is b	efore taxes or
Employer A	ddress	Dates of Empl		nonthly pay
3. List your spouses's employer A	oy <i>ment history, mo.</i> ddress N/A	Dates of Empl		ly pay is before nonthly pay

attach a statement c res, and balances dur accounts, perhaps be of each account.	ring the last six ecause you have	\$ \$ appropriate instituti months in your inst	itutional
attach a statement c res, and balances du accounts, perhaps be	sertified by the ring the last six ecause you have	\$appropriate instituti months in your inst	onal officer
attach a statement c res, and balances du accounts, perhaps be	ertified by the s ring the last six ecause you have	appropriate instituti months in your inst	ional officer
res, and balances du accounts, perhaps be	ring the last six ecause you have	months in your inst	itutional
es, which you or you	r spouse owns.	Do not list clothing a	ınd ordinary
			(Value
		Make & year: 19	84 Cadill
		Model: Fleeta	100d \$29
or organization owin	g you or your sp	pouse money, and the	e amount
		Amount owed to y	our spouse
		41	_
Jr Excess	IVE AMT,	None	
Relation	nship Hay	Age 7 (
	e) Other real estate Other assets or organization owin Amount owed to Un Calca Excess You or your spouse j Relatio	e) Other real estate (Value) e) Other assets (Value) or organization owing you or your sp Amount owed to you Uncalculated Tr Excessive Amt, Eyou or your spouse for support. Relationship	Registration#:

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Rent or home mortgage payment (include lot rented	You \$_//50	Spouse S
for mobile home) Are any real estate taxes included? □ Yes ☑ No Is property insurance included? □ Yes □ No		
Utilities (electricity, heating fuel, water, sewer, and Telephone)	s_ ₹ 00_	s <i>N//t</i>
Home maintenance (repairs and upkeep)	\$ <u></u>	s//-
Food	s_75_	s NA
Clothing	s_25	S NIA
Laundry and dry-cleaning	s_30_	s <i>N/A</i> _
Medical and dental expenses	s_50	\$N/A
Transportation (not including motor vehicle payments)	s_240	s
Recreation, entertainment, newspapers, magazines, etc.	s	s_N/A
Insurance (not deducted from wages or included in Mortgage payments)	s_60	s_ <i>N/A</i>
Homeowner's or renter's	s	s\rangle\/_
Life	<u>8</u> 8	s_ N//+
Health	<u>s</u>	s_N/it
Motor Vehicle	s_/ <u>00</u>	s <i>N/A</i> _
Other:	s <u> </u>	s <i>N/A</i> _
Taxes (not deducted from wages or included in Mortgage payments)(specify):	s	s <i>N//</i> }
Installment payments		S NA S NA
Motor Vehicle	s	s_WA
Credit card (name): M/C VISA	s 600	s Nix
Department store (name):	s 6	s NA

Case 1:05-cv-11670-GAO Document 21	Filed 09/27/200	06 Page 5 of 6
Other Incidentals Mail, Paper	s 25	s_\/A_
Toll S, Parking all Not act	4s NIK	s <i>\mu/A</i> _
Regular expenses for operations of business, profession, or farm (attach detailed statement)	s <u>~//</u>	s <u> 14/1</u>
Other (specify):	s NA	s N/A
Total monthly expenses:	s 25.00	s A/A
during the next 12 months? Yes No If yes, describe on a FONLY IF THE COURT PROTAND THAT OF MY MOTH 10. Have you paid—or will you be paying—an attorney of this case, including the completion of this form? Yes If yes, how much? \$ \(\left(\sigma \) \(\sigma \) \	any money for service No Dot return	es in connection with with a vito
11. Have you paid — or will you be paying — anyone othe typist) any money for services in connection with this case, Yes □ No NO+ Known — Depends If yes, how much? \$? If yes, state the person's name, address, and telephone nu Att. PAUL DALLING Att. COFFY SHAW	including the comple on what b	etion of this form?
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12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

13. State the address of your legal residence.

P.O.BOX 863 Windham, N. H. 03087 Your daytime phone number: 65 936 8565 Your age: 46